FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01629
1. PLACE OF DEATH	82-2
county Caroline.	Registration Dist. No. 6H
Village or City Lieder als brug	NoSt.,Ward
Length of residence in city or town where deeth occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Williams allen (Illand.
(a) Residence: No. L'ederals Erva Mid	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warried	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed or divorced HUSBAND of Elizabeth & rollford.	22. The I HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Arrow, 1" 1855	I last saw h/A1 alive on 714 19 1931; death is seid
7. AGE Years Months Days If LESS then	to have occurred on tha date stated ebove, at 1-3.0 H-m.
75 9 19 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Retried Garrens.	Cereman 1 1000000 12-13.31
9. Industry or business in which	with left of myligha.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Data deceased last worked at this occupation (month and spant in this	
year) oc:upation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Walliam alford.	Neme of operation. Munu Date of
(State or country) Waryland.	What test confirmed diegnosis Physical Linden there en eu opsy?
# 15. MAIDEN NAME Gray Carroll,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wary Carroll, 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Waryland.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Why abeth to altord. (Address) Evederals Pring and R. J. D.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place d'e der als vring Md. Date D'ell. 22", 1931	Neture of injury
19. UNDERTAKER Jit is annitant & Sou. (Address) reder als bring und	24. Wes disease or Injury In eny wey related to occupation of deceased?
20. FILED Jess. 21", 19.31 Africa un tom Registrar.	(Signed) L.C. Hunger M.D. (Address) Hillushing, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	BUREAU	1921	Run over by street car	1 week ago
Cerebrol hemorrhage		July5,1927	Peritonitis	3 days ago
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gostroenteritis	1 year
				N .

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give Its NAME instend of stract and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH B HINGLE, 3 SEX 4 COLOR OR MACE 16 DATE OF DEATH MARRIED. WIDOWED CR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deces 6 DATE OF BIRTH (Day) (Month) (Year and that death occured on the date stated above, at 7 AGE If LESS than I day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondery (State or country) 10 NAME OF (Signett) (Address) 11 BIRTHPLACE PARENTS *State the Discase Causing Death, or, in Violent Causs, state (1) Means of injury and Accidental, Suicidal or Homicidal. OF FATHER deaths from (State or country (2) Whether 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) 18 BIRTHPLACE At place In the OF MOTHER of death... yrs......ds. (State or country) Where was disease contracted, if not at place of death? TRUE TO THE BEST OF MY KNOWLEDGE usual residence (Informant) POATE OF BURIAL PLACE OF BURIAL OR REMOVAL

(Address) 1931 7/m AO George

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, addross State Registrar, & W. Seratogs St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public ... Health Association.)

tired 6 yrs). state occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Lanager," "Dealworked on may form part of the second statement. household only For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (not paid Housekeepers who receive a As examples : (a) (b) cngineer, material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Puphoid fever (never report "Typhoid Pneumonia"; Lober pneumonia, Branchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse." "Coma," "Convulsions," causing stated unless important. Chronic interstilial nephritis, use of "Tumor" for malignant neoplasms); approved telanus) may be stated under the head of "contributory as fracture of skull, and consequences (e. g., sepses, carbolic acid-probably suicide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) Whooping cough; inges, peritonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), by Committee on Chronic Example: Measles (disease valvular heart disease; affection need etc. The Nomenclature of the Sarcoma,, etc., et contributory Measles; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permenently filed.



N.B. Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LN MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMA

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	WRITE
V. S. No. 1	(

1PLACE OF DEATH	state of Maryland
County Caroline	CERTIFICATE OF DEATH
4	Registration Dist. No.
Village or City Jeder alaura (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME William Gan	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED CORVING (Write the word)	16 DATE OF DEATH 3", 193
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Can. 3", 18H3	1921 to flat 21 1921
(Month) (Day) (Yesr)	that I last saw h/M alive on Tut
l dayhr	s. The CAUSE OF DEATH * was as follows:
O D yrsds. ormin	Descholat Almanha
(a) Trade, profession or Peticed Tarmer	Comment of the second of the s
(b) General nature of industry business, or establishment in	1 2 3 3
which employed or (employer)	Contributory Oh Co Vas Cular
9 BIRTHPLACE (State or country)	Secondary Cursion Control de
TO NAME OF ALLOS OF RESERVED	(Signed) WE Blogger M. D.
TI BIRTHRI ACE	- 41. 4 193/ (Address Tillsling My
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eliza Dru William	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	- Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) M'S Umanda C. Brown	usual residence
Lie L'adara la forra dans	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Address) Lawalt rung, 9110	to der als trura Mid Det 5, 1931
15 Filed Let H" 1931 Transform	20 UNDERTAKERS ADDRESS ADDRESS LEGENOLOGICANO

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present in the duties of the Spinner, (b) Cottan mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brönchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be 'Congenital," "Senile," etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Chronic valvular heart disease, Example: Measles (disease etc. The contributory

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1 PLACE OF DEATH	01632 STATE OF MARYLAND
County Od aluge	CERTIFICATE OF DEATH
Den Lagshan	Registration Dist. No. 6.0
Village or City (No.	St; Ward) (If death occurred in a hospital or Institu-
2 FULL NAME / CULTET SON	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Algorian Single Markien Wildoweb OR DIVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	17 11 HEREBY CERTIFY, That I attended the deceased from
Flag 12- 1931	that I last saw h/M alive on Jeff 12, 192/
(Month) (Day) / (Year)	and that death occurred on the date stated above, at
If LESS than	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or	
particular kind of work	7-
business, or establishment in which employed or (employer)	(Duration) yrs mos de.
9 BIRTHPLACE (State or country)	Contributory Recondary
- Maralle 9	(Duration)yrsmosda
10 NAME OF GOLDS BONDEN	(Signed) M.D.
11 BIRTHPLACE OF FATHER OF FATHER	State the Disease Causing Death, or, in deaths from
(State or country) led welle	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER CHEUMA DUNCO	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER SCIENT ACUEL CO	At place of death yrs mos. da. State,yrsmosda.
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) PAROR DAGNOG	Former or usual residence
The Poles	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
(Address)	Hope Durying lastit. 14, 1981
Filed 2/14/31 192 Clark a Smith	R. B Rawlings. Seems burg 1
If more blanks are needed, address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor. Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or without more precise specification as Day For persons who have no occupation -Coal mine, etc. Womterm on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Corebrospikal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Diphtheria ("Pneumonia"): Diphtheria ("Pneumonia"): Diphtheria ("Pneumonia"): Diphtheria ("Pneumonia"): Diphtheria ("Pneumonia"): Diphtheria ("Pneumonia"): Diphtheria ("Pneumonia")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver ugund of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Puerperal septicaemic." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Ananition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely "Dropsy." "Exhaustion." "Heart failure," "Haemorvulsions." causing death). 29 ds.; Bronchopneumonia stated nuless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory nse of "Tumor" "highes, peritonarum, etc., Curcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senfle," etc.), for malignant neoplasms); Measles; (Recommendations on stateaffection need not be (second-(merely

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HYSI-Exact NT F CORD MARGIN RESERVED FOR BINDING WRITE PLAN Y, ITH UNFADING INK---THIS IS A PERMA J. S. No. 1

PLACE OF DEATH

County Cataliel	CERTIFICATE OF DEATH
Village or City Deutlass (No.	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Maltan	tion, give its NAME ir stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED CR DIVORCED (Write the word)	16 DATE OF DEATH # 23 4, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	
7 AGE If LESS that	
shout 76 yrs. mos. ds. or min.	
e occupation (a) Trade, profession or	Cheque Head Arsonse
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) 7 yrs mos d
9 BIRTHPLACE (State or country)	Contributory
anyonary	
10 NAME OF FATHER SEAST PRIORIES.	(Signe Aleus Os) Peorge M. D.
FATHER S) II BIRTHPLACE OF FATHER (State or country)	(Signe Allux Os) Allux Os) M. D. M.
FATHER SEATH PLEASER. OF FATHER	(Signe Ollin Of M. D. M.
FATHER II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME OF MOTHER IS BIRTHPLACE OF MOTHER	(Signed M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
FATHER II BIRTHPLACE OF FATHER (State or country) II 2 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	(Signed M. D. M. D
FATHER II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed M. D. 1920. (Address) *State the Disease Causing Death, or, in desthe from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) At place of death yis mos. ds. State yrs mos. disease contracted.
FATHER II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME OF MOTHER I3 BIRTHPLACE OF MOTHER (State or country) I3 EIRTHPLACE OF MOTHER (State or country)	(Signed M.D. M. D.
FATHER II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Signed M.D. D. M. D. D. M.

01633

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning cfillness. If retired from work, er," etc., Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Nanager," 'Deal-Physician, Compositor, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Mrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Architect, Locomotive engineer, (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"; "obar pneumonia". Bronehopneumonia ("Pneumonia";

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock, "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perdonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably smeide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of Examples: Aecidental drowning; Struck by railway train American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, interstitial nephritis, by Committee on Nomenclature eough; Chronic valvular heart disease; " "Old Age, " "Shock," etc. The contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. Althe dutaris essental and must be obtained before the certificate is permanency filed.

CEIVE

(YSI-	Exact		
	ORD	ed AGE should be stated EXACTLY, PHYSI-	desified.		Vil
	INT C	stated EX	properly C	or certifica	3 5
FOR BINDING	HIS IS A PERMA INT CORD	should be	it may be	structions on back of certificate.	3 5
FOR E	IIS IS A	ed ACE	s so that	structions	7 /

PLACE OF DEATH County County County

01634

STATE OF MARYLAND CERTIFICATE OF DEATH

		(73.65) R	egistration I	list. No. 6
Village or Ci	ity Deuleuxo.	St.	Ward)	a hospital or institu
2F	ULL NAME Mary & farmers	le pfilcles	sek	tion, give its NAME in stead of street one number.)
PERSO	ONAL AND STATISTICAL PARTICULARS	MEDICAL CER	TIFICATE C	F DEATH
FEX	4 COLOR OR RACE White the word)		(Month)	(Day)(Year)_
DATE OF B	Multinuca, 184 (Month) (Day) (Year	1	O. of el	198/
7 AGE	82 yrs. mos. ds. or min.	The CAUSE OF DEATH * was		above, atn
particular la (b) General business, or	profession or cind of work at lessel I nature of industry r establishment in	Chronis Valva		al flisea.
which emp		Contributory aster	o fele	yrs
10 NAME FATHE	PLACE PLACE	(Signed) Laws Day - 2 - 5 1923 (Address		M. I
Ш	e or country) England	*State the Discase Ca Violent Causes, state (!) Accidental, Suicidal or Homicid	using Death, Means of In al.	or, in deaths from jury and (2) whether
Y 12 MAID	OTHER Harkesh Wilker	18 LENGTH OF RESIDENCE	(For Hospit	als, Institutions, Tran
13 BIRTH OF MC		At place of death yrsmos. ds	In the State	eyrsmosd
14 THE ABOV	TE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deeth?		
(Informa	diress) Destar	Declar Oe	OVAL	Feb 6, 193
Filed 2	-5 1931 mm AO George	20 UNDERTAKER	evon	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning cfillness. If retired from er," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, a. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Kousekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," 'Deal-Physician, Compositor, Architect, whatever, write Nonc. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the For persons who have no occupation Salcsman. -Coal mine, etc. Locomotive (6) cngincer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia";

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinona, Sarcoma,, etc., of as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 23 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis, diseases 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. affection need not be valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently fied.

PLACE OF DEATH County Caroline	01635 STATE OF MARYLAND CERTIFICATE OF DEATH
Redgely	Registration Dist. No. 66
Village or City Francisco (No. 2FULL NAME Sarah Catharine)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 25, 1921 (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the doceased from Alc. 29 1930, to Jikk 23, 1931, that I last saw here alive on Jele 23, 1931,
7 AGE If LESS than	and that death occurred on the date stated above, at 3
70 / 6 da ay hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Malegraniel Ja triveter flue True
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland	Contributory (Durstion) yes de. Contributory (Durstion) yes de.
FATHER Joseph B. arrell	(Signed) Charles Tr Stonesufer M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER De Roch frune	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents) At place In the State yrs mos disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Semple Derrell	usual residence
(Address) Hyttsyzelp, Md	Greensborn hd Jeb 28, 1931
15 Filed Fel 28 1931 Jakowia Registrar	Mrs. Balph B. Freichert Greensboro, Ma
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer—Coat munc, etc. wounden at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (nover report "Typhoid Pneumonia"); Libbar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.)
It, thus certificate is looked over thoroughly and all questions (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease etc. The contributory

If the certificate is looked over thoroughly and all questions and were in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state OCCUPAof PHYSICIANS Exact statement stated EXACTLY. PERMANEN properly classified. certificate. TH UNFADING INK.-THIS be AGE should be back of CAUSE OF DEATH in plain terms, so that it may See instructions on mation should be carefully supplied. is very important. -WRITE LION

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	STATE OF MARYLAND-	CERTIFICATE OF DEATH	636
1.	PLACE OF DEATH	93°C	()(21)
	County Carolisia	Registration Dist. No. 62	
	Village or City Devitors.	NoSt., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
		ds. How long in U.S. if of foreign birth?yrsmos	
2.	FULL NAME Comma J. Johnson		
	(a) Residence: No. Senton (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX		21. DATE OF DEATH	
7/2	male. Write OR DIVORCED (write the word)	(Month) (Day)	193 \ (Year)
5e. If	married, widowed, or divorced		
-	HUSBANO OF AMES & Johnson	7 Le 2 ,1931 , to Fele 21	leceased from , 19.3J
6. DA	TE OF BIRTH (month, day, and year) Que, 1849	I last sew har alive on 7 ele 20 ,1936	; death is said
7. AGI		to have occurred on the date stated above, at 5Am.	
	82 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Oate of onset
z	8. Trade, profession, or particular	4	1931
TION	kind of work done, as SPINNER, House work	Langue 1 Sept Leg -	Feb. 18
3	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	artino Sclerosio	1928
000	0. Date deceased last worked at this occupation (month and year)		
	DTIDI LOT (L.	Other Contributory Causes of importance:	
12. BI	(State or country)	Chronis Myocaretile	1930
<u>د</u> ا	3. NAME William Stuffith.	cumus myserway	
FATHER	4. BIRTHPLACE (city or town)	Neme of operation	
E	(State or country) Maryland.	Whet test confirmed diegnosis? Was there an au	u'opsy?
E 1	5. MAIOEN NAME Orn Diawson	23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country) Awaryland.	Where did injury occur? (Specify city or town, county and State	
17. IN	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BI	JRIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Deuton, Date Deb 23, 1931	Nature of injury	
10 111	NDERTAKER ATT Samulton & Son	24. Was disease or injury in any way related to occupation of deceased?	no
19, 01	(Address) L'éder als brira and	If so, specify A	
20. FI	LED 2 - 22 193/9m AO George	(Signed) Hawson O Jeong	, M, D.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	
21/10/10/2000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis.	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

1	Z.	
Y		PHYSI-
	3D	TLY

>		Exact
40	NT L'CORD	stated EXACTLY, Poproperly classified.
MARGIN RESERVED FOR BINDING	LA Y, ITH UNFADING INKTHIS IS A PERMA INT PCORD	information should be earefully supplied ACE should be stated EXACTLY, PHYSI- a state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact
MARG	LALY, TITH UNF	information should in state CAUSE OF DE

PLACE OF DEATH	01637 STATE OF MARYLAND
CountyDersleed	CERTIFICATE OF DEATH Registration Dist. No. 62
Village or City Deutlow (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWED CR DIVORCED (Write the word)	16 DATE OF DEATH # 1312 , 192 / (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year	that I lest saw here elive on Feb 12 1931
7 AGE 13 yrs. 8 mos. 2 ds. or min. 8 OCCUPATION (a) Trade, profession or #	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 6 yrs t mos de
(b) General nature of industry business, or establishment in which employed or (employer)	Secondary Durn on
FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 18 BIRTHPLACE 18 DIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translants or Recent Residents) At place
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs nos de State yrs nos de Where was disease contracted, if not et place of death?
(Informant) Turo Seem.	Former or usual residence
(Address) Deutow	Decelou Genelery Sel- 162, 1921
15 Filed 2-16 19/ Dr. pl geng (Registra)	20 UNDERTAKER ADDRESS

If more bianke are needed, addross State Registrar, 16 W. Saretoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile feetory. The should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation As examples : (a) (b) Grocery; material

Statement of Cause of Death—Name, first, the DISLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; abbar pneumonia, Bronchopneumonia ("Pneumonia";

Oylow Classing Classing Milus Will

"(Exhaustion, " "(Heart failure, "Shock," "(Inanition, " "(Marasmus, " "Old Age, " "Shock," "(Uracmia, " "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need Whooping cough; Chronic valendar heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory" carbolic acid—probably suicide. The nature of the injury, aceident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train American Medical Association.) death), 29 ds.; Bronchopneumonia (secondary), by Committee on Example: Measles (disease Nomenclature Sarcoma,, etc., of not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe dita is essent all and must be obtained before the certificate is permanently filed.

4. S. No. 1

PLACE OF DEATH	(11000) STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
	Registration Dist. No. 6
Village or City Seelen (No.	St.: Ward) (If death occurred a hospitui or instition, give Its NAME
2FULL NAME Ollieble Clie	stend of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 HINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH March 3,	HEREBY CERTIFY, That Valueded the deceased fr
(Month) (Day) (Year	that I last saw h
7 AGE [If LESS tha	
79 yrs. 10 mos. 28 ds or min	
8 OCCUPATION	Deumliage from Lungs:
(a) Trade, profession or particular kind of work	- (Duadia)
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrsmos
9 BIRTHPLACE	Contributory
(State or country)	Secondary
I 10 NAME OF	(Durstion) yref mos
FATHER STATES	(Signed)
11 BIRTHPLACE	- JW 9 192 (Address) Chillis 1005
OF FATHER (State of country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in desths from Violent Cause, state (1) Means of injury end (2) whether Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
18 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER S	At place In the of death yra
(State or country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) tames Delkerson	usual residence
(Address) Deuderson 13!	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19.
15 Filed 2 - 4 1901 m & Q 9 lugh Registral	LO UNDERTAKER ADDRESS ADDRESS Deutlau
	rar, M. Saratogo St., Bnito., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning cfillness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken en at home, Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the (b) Automobile feetory. The material -Coal mine, etc. Locomotive engineer, As examples: (a) man. (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere brospinal meningitis"); Diphtheria (avoid use of "Croup"); "Typhoid fever (never report "Typhoid Pneumonia"; obbar pneumonia, Bronchopneumonia ("Pneumonia";

"Uraemia," "Weakness," etc., when a definite disease the cause. Always qualify all stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of "PUERPERAL septicacmia," "PUERPERAL peritonitis, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; causing (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory". carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. State cause for which surgical operation was underdiseases approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train American Medical Association.) Never report mere symptoms or terminal condiinterstillal nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage cough; Chronic valvular affection need etc. The contributory The nature of the injury, Nomenclature heart disease; not of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the fifth is essential and must be obtained before the cartificate is permanently filed.

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V. S. No. 1

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PLACE OF DEATH County le avoline	() 1631) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 65
Village or City Julibors (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH February 18, 1981
6 DATE OF BIRTH May 14, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from I I I I I I I I I I I I I I I I I I I
7 AGE If LESS than day hrs. da. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
10 NAME OF FATHER Ruhard Moanny 11 BIRTHPLACE	(Signed) (Dylation) mos. de. (Signed) M. D. TU 18 1921 (Address) Denton M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Lawren Duly	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	ients or Recent Residents) At place In the State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) Rihard Morney	Former or usual residence.
(Address) Sillsboro Md.	Siestane beine Fel 202, 1831
Filed 2-20 1981 767 Lessery	J. Virgil Moore Dulow
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING, DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servani, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the ," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (6) For persons who have no occupation Automobile factory. The material -Coal mine, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospival fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Aecidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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3Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important, See instructions on back of certificate.	
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V. S. No. 1

PLACE OF DEATH. County Cocoline	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 6/
Village or City Science Full NAME John B Nich	St.: Ward) (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Strict OR DIVORCED (Write the word)	16 DATE OF DEATH Jebruary 28, 1931 (Month) (Day) 29 (Year) 113
March - 8, 186	17 Nov. 24 1930 to Jeb. 28 , 1931,
(Month) (Day) (Year) 7 AGE If LESS that day hrefit heart hea	s. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Caramonia & Seclum
business, or establishment in which employed or (employer)	(Dyration) Tyre mos 2 de.
9 BIRTHPLACE (State or country) Mary Laud 10 NAME OF	Contributory Secondary Durstion yes mos. ds.
FATHER Wash Nicholo	(Signed) M. D. 3-2-193 [(Address) Jilensbow M. D.
OF FATHER (State or country) Mary Law.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Martha Saulon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Cocar Necholo.	Former or usual residence
(Address) blews boro md	Green bers md Mc 3, 1936.
15 Filed Man 31 400/ A Man 1 Registrar	20 UNDERTAGER Rawlings, Treus but he
If more blanks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more races of the laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—to duties of the sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery man, (b) Automobile factory. The materia For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) affection need not Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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PLACE OF DEATH County Caraline	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 62
Village or City Julium (No	St: Ward) St: Ward) (If death occurred is a hospital or institution, give its NAME is stand of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 1923/
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That Pattended the deceased from 192 to the I last saw how alive on the first 192
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Sacondary
10 NAME OF FATHER JELLY MANUELY OF FATHER	(Signord) Mullis Mulles M. E.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) O, Sufficiently	if not at place of death? Former or usual residence
(Address) Steetain	Deulan Gerry Feb. 19.
Filed Z - // 1986 9 In A O George Registrar	20 UN DERTAKER ADDRESS ADDRESS Develon
If more bianks are needed, address Stata Ragistrar	r, 15 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise speciments who receive a Spinner, (b) Cotton mill; (o) Solesman, (b) Grocery, (o) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scroot, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roitway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular hcart discose; etc. The contributory

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V. S. No.

	PLACE OF DEATH
	County Street
Vi	age or City Preston (No.
	2FULL NAME Elizabeth
	PERSONAL AND STATISTICAL PARTICULARS
3 5	MARRIED.
F	male White WIDOWED. or DIVORCED Single (Write the word)
6 1	ATE OF BIRTH
	December 27 , 1 871 (Month) (Day) (Year)
7 /	If LESS than day hrs. 2 mos. 1 ds. or min.
	CCUPATION () Trade, profession or ricular kind of work () General nature of industry siness, or establishment in nich employed or (employer)
9 E	RTHPLACE (State or country) Maryland
	FATHER Dr. J. R. Phillips
RENTS	OF FATHER (State or country) Maryland
PARE	of Mother Sarah E. Percy
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland
14	(Informant) Mrs. Mary Douglas Preston, Maryland (Address)
15	Filed Mich 2 1931 - Longs B. Harris

01642

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) Ward)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
	, 192
	(Day) 19 (Year)
17 I HEREBY CERTIFY, That I at	
1927 . to	treh 28, 1921
that I last saw hold-alive on	15 8, 1927
and that death occurred on the date state	d above, atm
The CAUSE OF DEATH * was as follows:	lise and!
V. Salles R	rocase
	-1.5)
(Duration)	yrs/ds,
Contributory	
Secondary	
(Duration)	fra nos de.
(Signed)	When M. D.
1 1 1 1921 (Address)	orlowing
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
ients or Recent Residents)	
At place In the of deathyrsmosds. Sta	teyrsmosds.
Where was disease contracted, if not at place of dea.h?	••••••••••••••••••••••••••••••••••••••
Former or usual residence	**************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
East New Market	March 2, 1931
20 UNDERTAKER	ADDRESS
W.H. Hollis & Son	

(Approved by U. S. Census and American Public Health Association.)

work, or fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

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PLACE OF DEATH County Carroline	STATE OF MARYLAND CERTIFICATE OF DEATH
Villago or City Smithville (No.	Registration Dist, No. 10 / St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME TOTALETT TA	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCEDULATIVE (Write the word)	16 DATE OF DEATH 3 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I lest saw he alive on 1921,
7 AGE If LESS than I day hrs	. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs. mos 2 ds. Contributory Secondary
10 NAME OF FATHER Spainle Blades, 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
of MOTHER Subar Vielolo.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds.
(Informant) Learne Williams (Address) Leder als large Mid. R.J. S. Filed Let. 5" 1921 Registrar	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKERS ADDRESS ATTOMATOM & South Standard or and analysing of the contract of the
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebropinal fewer (the only definite synonym is "Epidemic cerebropinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tplanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: *Measles* (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently fied.

Samuel Same

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 01644
1. PLACE OF DEATH	(31)
County Caroline	Registration Dist. No. lo H
Village or City D'eder als rung.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Peter & Short	
(a) Residence: No. Sieder alabrurg Mid	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Lucal State S	21. DATE OF DEATH (Month) 20 1931 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That Lattended deceased from
(or) WIFE of Martha & Sewart	July 10 1931, to fit 20 103'
6. DATE OF BIRTH (month, day, and year) May. 26" 1848	Nast say h! Malive on FM 20 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.30 A.m.
82 10 24 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned Jameses. SAWYER, BOOKKEEPER, etc.	Cardio-Vascular
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at 11, Total time (years)	Kiwat Jaisies
work was done, as SILK MILL, SAW MILL, BANK, etc.	Las - 1 am
10. Data deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Chronic, Nephrito, 770.
(State or country) Selaware.	Dening Hygelf trojuy
13. NAME Showas Short.	William I
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? M.Q.
	What test confirmed diagnosis?
	Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town) TSelaware.	Where did injury occur?
17 INFORMANT a Droub Short	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Le der als viva hid.	<u> </u>
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Seafor d. Del. Date d'el. 22, 1931	Nature of injury.
19. UNDERTAKER JA tinamulation & Son.	24. Was disease or injury In any way related to occupation of deceased?
(Address) B'eder: afabring hid.	If so, specify
20. FILED Dets. 21", 1921 Registrar.	(Signed) (Address) Helevals lim, mil
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	ample-I	-	Example II	
The principal cause of dea of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 2 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAIL S IDOL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Screamt, Cook ployed, as At school or At home. (are should be taken definite salary), may be entered a. Housewife, House worked on may form par. of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neceseupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occ pations of persons enhousehold only (not paid Housekeepers who receive a en at home. laborer. Farm laborer, Laborer-Coal mine, etc. Womrhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Whatever, write None. Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. The material "pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emyr.8.). without more precise specification as Day who are engaged in the duties of the For persons who have no occupation

Statement of Lause of Death—Name, first, the bis Lass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." use of "Tumor" for mallgnant neoplasms); Measles; head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childhirth or misearriage as "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanitlou." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorary), 10 ds. Never report mere symptoms or terminal causing death), 29 de.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mon-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and conse-Examples: as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS STATE MEANS OF INJURY "Puerperal septicaemia." "Puerperal peritonitis," vulsions." "Debility" ("Congenitul," "Senlie," etc.), Poisoned by carbolic acid—probably suicide. train—accident: Revolver wound of head—homidde; (secondary or intercurrent) Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid Accidental drowning; Struck by railway (Recommendations on state-Example: Measles affection need not be "Апаешіа" "Coma," (second-(disease (merely

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S. No. 1

important.

	PLACE OF DEATH	01646 STATE OF MARYLAND	
	County Caroline	CERTIFICATE OF DEATH Registration Dist. No. 63	
Vil	lage or City Preston (No	St.: Ward) (If death occurred a hospital or inst	titu- E ir-
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4 COLOR OR RACE SSINGLE, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)	
_	DATE OF BIRTH (Month) (Day) (Yee	17 I HEREBY CERTIFY, That I attended the deceased for 14 4 192 1 to Jaffe 16 193	rom
7 A	AGE If LESS t I day ds. ormosds.	and that death occurred on the date stated above, at	_m.
(p)(b)	DCCUPATION a) Trade, profession or Sarticular kind of work b) General nature of industry Susiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland	Contributory Secondary (Durstion) (Durstion) (Durstion) (Durstion) (Durstion)	ds.
ARENTS	10 NAME OF FATHER Wm. Stanford 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed Taymus M.	n. D.
P/	OF MOTHER DO not know 13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs	,ds,
14	(Informant) Arthur M. Stanford (Address) Preston, Maryland Filed 74 19 19 1 Shas Alland	where was disease contracted, if not at place of deals? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL St. Paul, Md., Peb. 19, 19 ADDRESS** ADDRESS**	L,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Managor," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, ployed. as Al school, or Al home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesigrs). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need Chronic etc. The valvular heart disease; contributory not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

COKD	EXACTI y classi icate.
WRITE PER CLI, WITH UNFADING INK I HIS IS A FERMATENI CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTI CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classi statement of OCCUPATION is very important. See instructions on back of certificate.
IA E	id be
TUK.	shou it ma
N N	ACE o that
TIS	piled.
NK	y sup ain te
202	refuil in pl
FADI	be ca EATH impo
	OF D
\$	AUSE ION I
LI,	ormat ate C
L'E	of inf ald st f OCC
KIL	item s shot
>	Every CIANS statem
1	

Tre No. 1

PLACE OF DEATH County Consumer.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Teder alahrıra (No	St.: Ward) St.: Ward) St.: Ward) St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of etreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEDUATIES (Write the word)	16 DATE OF DEATH 3 5 1 , 193
6 DATE OF BIRTH (Atonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 (. to
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 7-7-m The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duretion) yra mos / do
which employed or (employer) BIRTHPLACE (State or country)	Contributory Ruema Leans Secondary (Duration) Z yrs. mos. de
10 NAME OF Josiah Russell	(Signed) Allell M.D. 2. 5 193/ (Address) Lefsally make
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Salle Man Victors	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Informant) John S. Standard. (Address) L'eder als Pririq Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TOYM, Mean Eldorado, Ind S'el. 8", 1931
Filed Jels 5 1981 Straus Registrar	20 UNDERTAKERS ADDRESS J. J. ramutour & Son, He der ab lar
If more branks are riedded, address State Registrar	r 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile foctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons enr," etc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

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S. No. 1.

7

	PLACE OF DEATH	()
-	Caroline	
Co	ounty	
Ville	age or City Federalshury (No R.F.)	
	Bal Bay Walk	1 ,
	2 FULL NAME Bary Walk	
	PERSONAL AND STATISTICAL PARTICULARS	
3 81	MARRIED, Surgle WIDOWED OR DIVORCED	16 DA'
	ATE OF BIRTH	17
6 197	Fit 1, 1931	that I
7 AG	(Month) (Day) (Year) If LESS than	and th
	l dayhrs.	The C.
	yrsmosds. or . O min. ?	
	CCUPATION a) Trade, profession or	**********
Pi Pi	articular kind of work	***************************************
bu	b) General nature of industry usiness, or establishment in thich employed or (employer)	
9 BI	(State or country) Caroline Co. Mad	Con
	10 NAME OF John Walker	(Signed
ENTS	11 BIRTHPLACE OF FATHER (State or country) Wilmston, Del	Vic
PARE	12 MAIDEN NAME OF MOTHER Kalhening Gehring	18 LET
	18 BIRTHPLACE OF MOTHER (State or country)	At place of death
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where if not at
	(Informant) Katherine Walker	Former usual re
	(Address) Wilmyton Del	How
15	The su of David	20 UN
E	Filed C. 2 192 Registrar	die

1645

If more blanks are moded, address Siste Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

. Ward)

64 Registration Dist. No.

(If death occurred in

Lew	sion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	1 21
(Month)	(Day), 192
17 I HEREBY CERTIFY, That I at	ttended the deceased from
J.J. 1. 192./., to	tist 1. 192/
that I last saw halive on	, 192
and that death occurred on the date state	ed above, atm.
The CAUSE OF DEATH & was as follows:	
Stillow	
***************************************	***************************************

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Contributory Secondary	
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(Signed)	M.D.
7. L. 2. 1921. (Address) 1. d. Cl	Is when my
*State the Disease Causing Deat Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	h, or, in deaths from jury: and (2) whether
18 LENGTH OF RESIDENCE (For Hos ients, or Recent Residents)	pitals, Institutions, Trans-
At place In the	
Where was disease contracted,	ite, yrs mos da.
if not at place of death?	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Horne Federal Preva R. J. D	Ber. 2" , 1.31
20 UNDERTAKERS	L'édevals burg

(Approved by U. S. Census and American Public Health Association.)

L..ture of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative bealthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it rary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Givil engineer, Stationary firemen, etc. But in many Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. usiness, that fact may be indicated thus: Farmer the tared 6 west.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING PEATH Housemuid, etc. If the occupation bas been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. usiness, that fact may be indicated thus: Farmer Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material

RASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fover (never report "Typhold pneumonia."

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tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

unges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; use of "Tumor" for mallguant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menrhage," "Inanition." "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious," train-acoldent; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-Examples: Accidental drowning; Struck by railway if this certificate is looked over thoroughly and all ques-For VIOLENT DEATHS STATE MINANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Example: Measles (disease (Recommendations on state--probably suicide. The na-

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	BEvery item of information should be carefully supplied ACE should be stated EXACILY, PHISI	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exac	statement of OCCUPATION is very important. See instructions on back of certificate.
	- EV	Ö	St
	20		

PLACE OF DEATH	01649 STATE OF MARYLAND CERTIFICATE OF DEATH
County Coardless	(23)
Village or City Duelou (No	Registration Dist. No. St.: Ward) (if deeth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED CR DIVORCED (Write the word)	16 DATE OF DEATH 31 14 , 1931 (Month) (Day) (Year)
(Month) (Day) (Year	that I lest saw has alive on Feb. 12 1931. that I lest saw has alive on Feb. 12 1931. and that death occured on the date stated above, at 109.
7 AGE if LESS that dayhrs day	The CAUSE OF DEATH * was so follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Talmonary Laborations
business, or establishment in which employed or (employer)	(Duration) Tra. 3 mos ds Contributory Secondary
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Durstion) yrs
12 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of death yrs mos de. State yrs mes de
(Informant)	if not at place of death?
(Address) A Ressland	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
Filed 2-16 131 /m 40 Kupe	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Solesman. (b) (a) Foreman, (b) Automobile feetory. The should be used only when needed. As cramples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive the first line will be sufficient, a. g. . Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, to report ployed, as At school, or At home. Care should be taken household only (not paid Lousekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Lianager," "Dealwhatever, write None. or given up on account of the DIJEASE CAUSING DEATH. worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed etc., For many occupations a single word or term on Farm laborer, without more precise specification as Doy specifically the occupations of For persons who have no occupation Stationary foreman, etc. But in many Laborer-Coal mine, etc. Wom-(6) persons encngmeer, material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Dramples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; "nobor pneumonia. Bronchopneumonia ("Pneumonia";

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Uracmia," "Wcakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage "PUERPERAL septicacmia," "PUERPERAL peritonitis," causing Chronic interstil at nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, letanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whoopingapproved Examples: Accidental drowning; Struck by rollway train American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the cough; Chronic Example: Mcosles (disease affection need etc. valvular heart disease; The contributory Measles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 6H

NAME Thomas Whith	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street end number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCEDIOTICA (Write the word)	16 DATE OF DEATH Told (Day) (Year)
(Yesr)	17 I HEREBY CERTIFY, That I ettended the decessed from 192/. to 7/6 , 192/, thet I last sew h malive en 7/6 , 192/,
[If LESS than	and that death occurred on the date stated above, at 2-15. P-m.
l day hrs.	The CAUSE OF DEATH * was as follows:
2, yrs. 0 ds. or min.?	flyreadolla
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of work 2/05UNALK.	***************************************
blishment in	(Duration) Syrs
or (employer)	Contributory acuty Cardina deletities
is) trid.	Secondary (Durstion) yes hos which
George C. White.	(Signed). M. D. Z/17 199/ (Address) J. Slevelleney 18
ountry), Erraland,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Harmah Young.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Rema.	At place of death
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
and I had it	Former or usual residence
was exame of substance	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
) L'é der alabring rud K. t. B	L'éderalsburg tred. Teb 18", 1931
n' 192 A Samulans	20 UNDERTAKERS Dour Jederalsmang.
If more blanks are needed, address State Registres	, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will he sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, " gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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